

The California Commission on Improving Life Through Service's

ADA Policy Statement

AmeriCorps encourages individuals with physical or mental disabilities to participate as national service providers through the AmeriCorps programs. Under Federal law, any program which receives federal funds is required to comply with the requirements of the Americans with Disabilities Act (ADA).

In order to comply with the ADA, the programs must provide means by which all persons can apply to the program, with or without reasonable accommodation. After the application process is complete, the programs must evaluate each applicant based on their qualifications and whether they can perform the essential functions of the position, with or without reasonable accommodation for their mental or physical disabilities. If an applicant is qualified for a position but has a disability, the programs have a legal obligation under the provisions of their grant to provide the applicant with a reasonable accommodation to enable them to participate in the program unless the accommodation is unduly burdensome or will alter the fundamental design of the program. The programs are encouraged to seek advice, recommendations and/or funding from sources within their community, including organizations which aid the disabled and independent living centers. The Commission suggests each program set up a process to review the applications for reasonable accommodation. The Commission and the Corporation suggest that the individuals reviewing the applications should include the Program Director/Coordinator, a member of their Board of Directors and a representative from an organization that deals with disability issues.

If the program approves the accommodation, the accommodation should be made as soon as possible. If a program denies an Applicant or Member a reasonable accommodation, each program must design an internal grievance procedure for the individual to follow to appeal the decision. This appeal process should consist of a review body of three people which is made up of different individuals than made the initial decision.

If a program funded as a Competitive or National Direct program can show that providing the accommodation to a qualified Member with a disability would impose an unreasonable financial or administrative burden on the program based on the factors outlined in the grant provisions, and the program has been unable to get funding from other resources, the Program Director/Coordinator can apply to the State Commission for funding assistance. Under the current legislation, Formula programs are not eligible to receive funds from the Commission.

The Commission Members who will participate in this decision will consist of the Executive Director, the ADA Coordinator, a Commissioner and a

representative from the Department of Rehabilitation. In order to maintain the privacy of the individual requesting the accommodation, the individual's name and program name will be omitted from the materials that will be reviewed. **Although information about the program's goals and objectives will be relevant and included**, the Commission will evaluate the request for funding based on the following factors: (1) Will the reasonable accommodation enable the individual to perform the essential functions of the position? (2) Is the accommodation an undue hardship? (3) Is the cost for the reasonable accommodation reasonable? (4) Will this accommodation benefit other Members? (5) Will the accommodation fundamentally alter the program design?

If the funding is approved by the Commission, the program will submit invoices directly to the Commission's Director of Fiscal Affairs . The invoices will be paid in approximately 30 days. If funding is denied by the Commission ADA Committee, the program or the individual requesting the accommodation can file a grievance and have the decision reviewed by a Commission Review Board for final determination. This grievance must be filed within 60 days of the denial of the request by the Commission ADA Committee. The Commission Review Board will consist of three Commissioners who were not previously involved in the initial decision. The Commission Review Board will evaluate the request for funding based on the same factors the Commission ADA Committee used to make its decision. The Commission Review Board's decision will be issued within 30 days of the receipt of the grievance. The Review Board's decision can be further appealed through the Commission to the Corporation.

The Commission will also set up a "fast track" procedure for the National Direct and Competitive programs to apply for funds that are needed immediately and the program could not have anticipated the need for the funds earlier. In these cases, the Program Director/Coordinator will apply directly to the Commission ADA Coordinator for funds for the reasonable accommodation. The ADA Coordinator will consult with the Executive Director and the Chair of the Executive Committee of the Commission and render a decision within 10 working days. This decision is final. One of the factors that will be taken into consideration when making this decision is whether the program could have anticipated the need for these funds and been able to apply for these funds through the normal procedure.

By providing qualified individuals with disabilities with reasonable accommodations, AmeriCorps programs enable people with disabilities to fully participate in serving their communities in an environment that embraces diversity and recognizes the value of each individual.

THIS INFORMATION SHOULD BE PLACED ON ALL TRAINING OR MEETING FORMS DISTRIBUTED TO THE PROGRAMS OR THE COMMUNITY

*** In addition, all programs should state on their application form that the application form is available in alternative formats and that reasonable accommodations may be provided**

Accessibility Requests: Conference/meeting accessibility or reasonable accommodation requests must be received by _(date)_____. For questions concerning accessibility or reasonable accommodations, contact _(name)_____ at _(phone #)_____(Voice) or (phone #)_____ (TDD). If a specific accommodation is not requested in advance, it might not be provided on site . Please respect the needs of fragrance-sensitive participants, and refrain from wearing perfume or cologne.

Please indicate the accommodation requested:

Interpreter Services: ASL_____ PSE_____
Oral _____ Tactile _____ Signed English_____

Assistive Listening Device: Telecoil Neckloop _____

Alternative Requests for Conference materials:

Large Print _____ Braille _____
Audio Cassette _____ Disk (ASCII format) _____
(Specify 3 1/2" _____ or 5 1/4" _____)

Other accommodations needed that are not listed above:

Alternative Format Requests: The conference brochure is available in alternate formats. Please contact _____ at _____(voice) or _____(TDD) for this request.

Wheelchair Accessible Transportation Services:

Written Policy Regarding Who Has Access to Members Medical

Information: All Members Medical information including insurance application forms, health certificates, results of physical examinations or any other confidential medical information is kept in a **secured** file cabinet. This information is only accessible by the Program Director or the ADA Coordinator at the Commission.

EXHIBIT A

Written Reasonable Accommodation Policy: A reasonable accommodation is any modification or adjustment to a program site that will enable a *qualified applicant or Member with a disability* to participate in the application process or to *perform essential job functions*. Reasonable accommodation also includes adjustments to assure that a qualified individual with a disability has rights and privileges in employment equal to those of employees without disabilities.

A Qualified Applicant or Member with a Disability means: an individual with a disability who can perform the “essential functions” of the employment position (held or desired), with or without reasonable accommodations.

Essential Functions means: the fundamental job duties of the position the individual with a disability holds or desires.

APPLICATION TO STATE COMMISSION FOR FUNDS FOR REASONABLE ACCOMMODATIONS

Program Information

Name of Program:_____

Street Address:_____

City:_____State:_____Zip Code:_____

Telephone Number:_____Fax Number:_____

Contact Person:_____

Program receives funding from (check as appropriate)

_____National Direct

_____State Competitive

Status of Individual with Disability

_____Applicant for AmeriCorps position

_____Current AmeriCorps Member

Indicate the individuals primary service environment :

_____Office _____Home _____School _____Outdoors _____Other

Please describe the primary service functions to be performed by the person with a disability:

Barrier Identification and Resolution Chart (please complete with input from the individual with a disability to identify barriers and possible solutions and the consideration of other accommodation options.)

Please identify alternative funding options that have been sought for providing the above reasonable accommodations and the results of those inquiries.

What will be the cost of the reasonable accommodation(s) (check as appropriate)?

_____ Less than \$50 _____ \$50 to \$99 _____ \$100 to \$499
_____ \$500 to \$999 _____ \$1000 or more

Please itemize costs:

Cost Sharing

Has the program considered cost-sharing? If yes, please describe cost-sharing option.

Will more than one person benefit from the reasonable accommodation(s) to be provided? If yes, please describe.

What measures will be used to determine if the reasonable accommodation(s) was/were effective for the individual with a disability?

Program Director

Date

Program's Review Process for Requests for Providing a Reasonable Accommodation

1. Program Director/Coordinator will receive all applications confidentially.
2. Program Director/Coordinator will review all applications for completeness and accuracy.
3. Program Director will consider the following factors in determining if the reasonable accommodation can be provided by the program?
 - a) Will the reasonable accommodation enable the individual to perform the essential functions of the position?
 - b) Is the accommodation an undue hardship to the program?
 - i) The type and cost of the accommodation needed.
 - ii) The overall financial resources of the program involved in providing the reasonable accommodation, the number of persons enrolled in the program, and the effect on expenses and resources of the program.
 - iii) The overall financial resources of the program, the overall size of the program, with respect to number of Members, and the number, type and location of its facilities.
 - iv) The impact of the accommodation upon the operation of the program, including the impact on the ability of other Members to perform their duties and the impact on the program's ability to conduct business.
 - c) Is the cost for the reasonable accommodation reasonable?
 - d) Will this accommodation benefit other Members?
 - e) Will the accommodation fundamentally alter the program design?
4. Each program will have the Program Director/Coordinator, a member of the Board of Directors and a representative from an organization that deals with disability issues review the applications and render a decision within one week of the request for reasonable accommodation.
5. If the program approves the accommodation, the accommodation should be made as soon as possible.
6. If a program denies an Applicant or Member a reasonable accommodation, each program must design an internal grievance procedure for the individual to follow to appeal the decision. This appeal process should consist of a review body of three people which is similar in makeup to the above individuals, but is made up of different individuals. This appeal decision should be issued within one week of the receipt of the grievance.
7. If the appeal body still determines the program cannot provide the reasonable accommodation, the Program Director/Coordinator will seek assistance from the community and outside organizations in order to provide the reasonable accommodation for the person.
8. If the Program Director/Coordinator cannot provide the reasonable accommodation through the assistance of the community or outside organizations, the Program Director/Coordinator of programs funded through State Competitive or National Direct grants can apply to the Commission for funds to provide the reasonable accommodation. Under the current legislation, Formula programs are not eligible to receive funds from the Commission.

Commission's Review Process for Requests for Funding for a Reasonable Accommodation

1. ADA Program Coordinator will receive all applications confidentially.
2. ADA Program Coordinator will review all applications for completeness and accuracy .
3. ADA Program Coordinator will compile all request in a binder with the Applicant's names and Program name omitted, but all other relevant information included.
4. The Executive Director, the ADA Coordinator, a Member of the Commission and a representative from the Department of Rehabilitation will review the Requests for funding for a reasonable accommodation. A decision will be rendered within two weeks and will take into account the following factors:
 - a) Will the reasonable accommodation enable the individual to perform the essential functions of the position?
 - b) Is the accommodation an undue hardship to the Commission?
 - i) The type and cost of the accommodation needed.
 - ii) The overall financial resources of the ADA funds at the Commission involved in providing the reasonable accommodation, the number of persons enrolled in the program, and the effect on ADA expenses and resources.
 - iii) The overall financial resources of the ADA funds at the Commission, the overall size of the program requesting funds, with respect to number of Members, and the number, type and location of its facilities.
 - iv) The impact of the accommodation upon the operation of the ADA funds at the Commission.
 - c) Is the cost for the reasonable accommodation reasonable?
 - d) Will this accommodation benefit other Members?
 - e) Will the accommodation fundamentally alter the program design?
5. If the Commission approves the funds for the reasonable accommodation, the Program must submit the invoices directly to the Commission's Director of Fiscal Affairs. These invoices will be paid within approximately 30 days.
6. If the Commission determines it cannot provide the reasonable accommodation, the Applicant or Member can file a grievance and have the Commission's decision evaluated by the Commission Review Board for final determination.
7. This grievance must be filed within 60 days of the denial of the request by the Commission. The Commission Review Board will consist of three Commissioners who were not previously involved in the Commission's initial decision. The Commission Review Board will evaluate the request for funding based on the same factors the Commission used to determine its initial decision. The Commission Review Board will issue its decision within two weeks of receipt of the appeal. This decision can be appealed through the Commission to the Corporation.

EXHIBIT B
COMMISSION REVIEW BOARD'S GRIEVANCE PROCEDURE FOR
DENIAL OF REASONABLE ACCOMMODATION:

Individuals, who have been denied their request for a reasonable accommodation by their program and then the Commission may appeal this decision by filing a grievance with the Commission within 60 days of the denial of the request.

The Commission has adopted an internal grievance procedure for prompt and expeditious resolution of complaints for the denial of a reasonable accommodation.

All Grievances should be addressed to : Maria R. Vail, ADA Coordinator
California Commission on Improving
Life Through Service
1121 L Street, Suite _____
Sacramento, CA 95814
(916) 327-3733

Maria R. Vail has been designated to coordinate ADA compliance efforts and may be reached at (916) 327-3733; (800) 735-2929 (TDD).

1. A grievance shall be filed in writing or another acceptable means of communicating the grievance within 60 days of the denial by the Commission of the request for funding for reasonable accommodation. It must contain the name, address and telephone number of the person filing the grievance (complainant), and a brief description of the accommodation that was requested and how this accommodation would allow the complainant to perform the essential functions of the position applied for. It must be signed by the complainant or by someone authorized to do so on the complainant's behalf. The complainant shall be promptly notified of the receipt and acceptance of the grievance.
2. A review of the initial decision shall be conducted within two weeks after the grievance is filed.
3. The complainant may also request to have an informal confidential presentation of their grievance prior to the final decision by the Commission. This may be done in person or through a telephone conference.
4. The Commission Review Board will consist of three Members of the Commission (not previously involved in the initial decision). The Review Board will review the complainants application to the state commission for funds for reasonable accommodation, the initial decision rendered by the Commission, the complainants grievance form and, if requested, the informal confidential presentation by the complainant. Based on all information received, the Review Board will render a decision regarding the funding of the complainants request for a reasonable accommodation. The Review Board will take into account the same factors that were considered by the Program and the initial decision of the Commission which are the following:
 - a) Will the reasonable accommodation enable the individual to perform the essential functions of the position?
 - b) Is the accommodation an undue hardship to the Commission?
 - i) The type and cost of the accommodation needed.

- ii) The overall financial resources of the ADA funds at the Commission involved in providing the reasonable accommodation, the number of persons enrolled in the program, and the effect on ADA expenses and resources.
 - iii) The overall financial resources of the ADA funds at the Commission, the overall size of the program requesting funds, with respect to number of Members, and the number, type and location of its facilities.
 - iv) The impact of the accommodation upon the operation of the ADA funds at the Commission.
 - c) Is the cost for the reasonable accommodation reasonable?
 - d) Will this accommodation benefit other Members?
 - e) Will the accommodation fundamentally alter the program design?
5. After full consideration of the grievance, the Review Board will issue a written decision explaining the reasoning behind its decision. A copy of this decision will be forwarded to the complainant.
 6. The ADA Coordinator shall maintain the confidentiality of all files and records relating to the grievance filed, unless disclosure is authorized or required by law.
 7. The decision of the Commission Review Board is final.
 8. Any retaliation, coercion, intimidation, threat, interference, or harassment for the filing of a grievance, or used to restrain a complainant from filing, is prohibited and should be reported immediately to the ADA Coordinator, Maria R. Vail.

Grievance Form for Denial of Funding for Reasonable Accommodation

Complainant's Name_____ Date:_____

Address: _____ Phone #:_____

Describe the Reasonable Accommodation that was requested:

Describe how this Reasonable Accommodation will enable you to perform an essential function of the position you have or have applied for.

Would you like to make an informal confidential presentation to the Commission Review Board? _____Yes _____No

Signature

Date

ADA COMPLIANCE QUESTIONNAIRE FOR PROGRAMS

1. How many Members do you have in your program with physical disabilities?
2. How many Members do you have in your program with mental disabilities?
3. How many Applicants (people who eventually did not become Members) with physical disabilities did you have apply to your program ?
4. How many Applicants (people who eventually did not become Members) with mental disabilities did you have apply to your program ?
5. Please list any obstacles your program is encountering in fully integrating people with disabilities into your program.
6. Please describe any problems you are having implementing the requirements of American's with Disabilities Act (ADA).
7. Please describe any outreach your program has conducted in an effort to recruit people with disabilities into your program.
8. Please describe any area in which the Commission can assist your program to be more accessible to people with disabilities.
9. Please describe any areas in which the Commission can assist your program s in being responsive to requests by people with disabilities for reasonable accommodations.
10. Describe means by which the Commission can assist your program retain its Members with disabilities.

**ASSESSMENT FORM TO BE COMPLETED BY MEMBERS OF
AMERICORPS**

If you need additional space in order to fully answer any question, please attach a separate sheet of paper and number accordingly.

1. Please describe your experience as a Member of AmeriCorps. Please include both positive and negative aspects of your service. Please also give suggestions on how your experience could be enhanced.

2. Please describe any problems you have had with your program before or during your term of service. If you had problems, please give suggestions on how those problems may be addressed.

3. How many terms of service did you participate in with AmeriCorps? _____

4. If you decided not to participate in the AmeriCorps program for the full two years of eligibility please explain the reasons.

5. What aspects of AmeriCorps service attracted you to the program?

6. Would you recommend AmeriCorps service to other people? Please explain your answer.

(The following questions are addressed specifically to Members with disabilities)

For the next questions, please rate your program and the Commission between 1 and 5 (1 is poor and 5 is excellent).

	<u>Program</u>	<u>Commission</u>
7. Accessibility to the program in general?	_____	_____
Accessibility to your service area?	_____	_____
Accessibility to program materials?	_____	_____
8. Responsiveness to requests for reasonable accommodation.	_____	_____
9. Ability to participate in all program functions	_____	_____
10. Responsiveness of Program and Commission Personnel to any special needs of the Member.	_____	_____

Please explain any ways you see to improve any of the above areas.

Name _____
(optional)

Program Name _____
(optional)